An Inaugural Dissertation
on
Dysentery.

Presented to the Faculty
of the
Homœopathic Medical College
of
Pennsylvania
for the

Degree of Doctor of Medicine
By

Walter Lee A.B. M.D.
Allegheny City.
Pa.

Philadelphia.
February 18th
1867.

Dysentery is a true inflammation of the mucous membrane of the large intestine. It is distinguished by the occurrence of discharges from the bowels, small, bloody, mucous and thin attended with pains severe and griping in the hypogastric region. Dysentery has two forms, the acute and chronic.

Acute Dysentery is often preceded by uneasy sensations in the abdominal region. There may be dull, sharp, or lancinating pains produced by the presence of some irritating substance in the alimentary canal, or else by the morbid action of some peculiar miasm in the system. With these pains nausea and general languor may co-exist. But the disease may occur and run its course without any constitutional derangement being in such cases

of a very mild form. Sometimes, however, a chill and subsequent fever occur almost simultaneously with the abdominal pain, in which case the disease is likely to be more severe.

"The mucous membrane of the rectum is first the seat of the inflammation, but when the disease is violent or prolonged, the inflammatory process becomes extended upwards into the colon, and may advance even as far as the ileo-cecal valve. Thus involving the whole mucous membrane of the large intestine.

"In severity the disease differs widely in different cases. The affection often occupies but a small portion of the rectum and colon, and is slight, being attended by no very apparent constitutional disturbance, and passing off in a few days. But sometimes the

inflamed surface is lost. a considerable part of the colon is involved. and the constitution is profoundly affected.

The susceptibility of the patient. and the activity of the morbid cause. will account for the difference in the degree of severity in each case.

In the beginning of a case of simple dysentery there are usually griping. irregular pains in the abdomen. accompanied with copious discharges from the bowels. at first of their usual contents. but afterwards. of a bloody mucous substance. sometimes pure blood is evacuated. The stools are at first more copious than is natural. but are fecal. but soon. they become small in quantity and muco-sanguinolent. Partial relief attends each evacuation: but soon the pains return. and the patient

is impelled to put relief by a return to stool over which he remains inclined & remains longer as the disease progresses. A feeling of weight in the region of the anus is felt as if the intestines were pressing in that direction in order to make their exit there from the abdominal cavity.

Burning, smarting, throbbing pulsations are also felt in the region of the anus and rectum, and the patient is impelled perhaps every hour to go to stool, but is unable to evacuate anything more than a little bloody mucus. The tenesmus soon becomes the most prominent feature of the case, the pains being concentrated about the anus and rectum. The mucous membrane of which being inflamed and swollen, the patient feels as if something is there the discharge of which would afford relief, and he therefore makes long

and severe efforts at straining, which serves to aggravate the disease, and may cause prolapsus ani, especially in children. As the disease advances small quantities of vitiated bile, patches of false membrane, and hardened lumps of feces (which latter have hitherto been lodged in the folds of the large intestine) appear in the discharges which now emit a very disagreeable odor often characteristic of the disease.

The bladder and urethra, and in females, the vagina, sympathize with the inflamed intestine, and become irritated and painful. The abdomen is more or less tender, and by the nature and extent of its tenderness elicited by the touch may often be ascertained the seat of the inflammation along the tracks of the large intestine.

Fever is usually an accompaniment of acute dysentery: the pulse is rapid and full at first: rapid weak & feeble afterwards in asthenic cases: the skin hot & dry: the tongue moist and furred: and the urine scanty. The duration of the disease is usually not more than a week or two days: but the force of the producing causes is so great at times that the patient succumbs to death from the commencement: an extremely painful pulsing of hallowness or sinking being experienced in the lower abdomen with great nervous prostration: skin cold and covered with copious perspiration: pulse feeble and great general depression. An instance of this kind occurred to me while in charge of the depot Field Hospital Winchester Va. in the spring of 1865. Private A. of the 2 14th Pa. Vols. was admitted to Hospital June 16th. On his admission his tongue was

moist and covered with a whitish fur: his
pulse was rapid and feeble: his skin
was cold and covered with a most profuse
perspiration. so profuse indeed as to completely
saturate his clothing: his urine was scanty
and highly colored: his countenance exhibited
anxiety and incipient delirium: and he
complained of very painful sensations of
sinking and weight in the epigastric region.
which each evacuation tended only to
increase. In the course of a few hours
the pain subsided, and his evacuations grew
less frequent, though they were become
involuntary: the diaphoresis became still
more profuse: his extremities grew cold:
delirium which had been gradually developing
became violent so that restraint was
necessary. and exhausted by the combined
effects of these various developments of the
disease. he sank into coma and
expired.

This is the severest example of the disease I had the opportunity of witnessing in the army. Many others I have seen of a typhoid more or less violent. In the army during the late war dysentery was seldom so severe as to carry the patient away in a few days with profuse perspiration and delirium as in the above case. It was more frequently of a milder type, and often would not be regarded much by the patient till it had lasted some time and assumed the chronic form. In civil life where individuals have more opportunities to procure the services of a physician, and where they are less reckless and more regardful of their health, the disease is not often allowed to pass the acute stage before medical advice is applied for. Hence in civil life we have to deal with it mostly in the first or acute stage in which it is more under the control of remedies, and in which, if taken in time,

thing and perhaps few diseases more amenable to the powers of the healing art.

The duration of dysentery is usually from a week to ten days, when convalescence is likely to begin. In some cases, however, the shock produced on the nervous system is so great that the system never rallies, and symptoms of depression progressively appear till nature sinks.

The pulse is rapid, feeble and frequent: the tongue is furred, and red and smooth in alternation: the skin is cold and clammy: features are haggard and sunken: a purplish circle surrounds the eyelids: the nails are livid: the extremities cold: the evacuations almost constant: the stools become involuntary, or suddenly cease: and death ensues rapidly.

Medical writers have divided dysentery into various kinds according to its cause and character: the bilious, in which the bilious stools are a striking feature: in which the vomiting is likely to occur: the Epidemic.

in which the disease spreads over whole countries or communities being caused by some occult poison in the air: the intermittent in which it is due to the miasm of nightly decay: and the typhoid in which it is associated with typhoid or other adynamic disease on which also it depends.

If the intermits abate, and the stools become more copious and less frequent: and especially if they begin to have a fecal character, there are some just grounds on which to base a favorable prognosis. But if the violent symptoms set in of which mention has been made: it is unfavorable. As a general rule the shorter the disease has lasted, the more easily it is arrested, and the patient made convalescent. The danger is also in some degree proportioned to the extent of the inflammation in the mucous membrane of the colon. If it has not attacked

much above the diagnosis of fever. there is more reason for hope; but if extreme tenderness is elicited along the whole track of the large intestine, the case is more serious, but yet not without hope.

Autoptic investigation has discovered signs of inflammation in the mucous membrane of the large intestine in cases of death from dysentery. This membrane has been found reddened, thickened and often ulcerated. The ulcers are commonly small and round, or long and irregular by the confluence of the smaller ones. These ulcers are covered with a whitish caseous exudation. The result of coagulation of effused lymph. If this is scraped away, the red ulcers are seen beneath it. These ulcers are known to have penetrated the several coatings forming the intestinal walls;

but such examples are rare, and though all the layers of the peritoneal are often in severe cases penetrated, that is not true in some instances. In autopsies & examinations in the hospitals of our army during the late war, I have seen many cases of very extensive ulcerations, and can remember in which at least two thirds of the mucous membrane of the large intestine was in a state of ulceration. The part most ulcerated was the rectum; the next was the sigmoid flexure and descending colon; next the ascending colon; the transverse colon being least affected. In this case many large and round ulcers were found in the Cæcum. But it was a notable feature that even in this case severity of disease was found after passing the ileo-cæcal valve, and this was true of all cases I saw of chronic dysentery.

Confirming the opinions of medical writers (I. indeed, it should need Confirmation) that Dysentery is a disease of the large intestine.

The causes of dysentery are various. Excessive and long continued heat, excites the alimentary mucous membrane, relaxes the Cutaneous surface, and makes the human body very susceptible of cold. and dysentery is often the result of this Combination of Circumstances. Heat Combined with moisture is a frequent cause, especially when fatigue & bad diet are added, as in the seiges, marches and Campaigns of armies. Whatever irritates the bowels may cause the disease, as unripe fruits all vegetables of difficult solution in the gastric prices: alcoholic and malt liquors bad air, bad food and water: drastic Cathartics: worms in the intestinal Canal: Constipation and diarrhoea: ice Cream & ice water when the body is hot.

Chronic Dysentery was extremely common in the army during the late war in this country. and it is occasionally seen in Civil practice. When the acute form has lasted ten days or two weeks without signs of convalescence. it become chronic dysentery. In this form the disease may last months and even years. without preventing the patient from pursuing his ordinary occupations. his general system not seeming to be greatly impaired. But sooner or later. if not cured. the patient becomes emaciated. pale. shrunken and prostrated; and hectic fever. anasarca or some form of dropsy may carry him off. Usually however. chronic dysentery is more rapid in its course. Many cases occurred to me in the hospitals of the army. Many whom even die at the end of two. three or four months from the time they supposed they first noticed the disease.

In such cases the ulceration of the mucous
layer of the bowels which was very extensive,
as the army Medical Museum now
at Washington will fully convince any
who are sufficiently inquisitive to
visit and examine the specimens it
contains.

In the treatment of dysentery Hom-
oeopathy as compared with the old
school of medicine stands eminently
advantageous, and shines, if possible,
with more than its usual lustre. The
Allopathy gives medicines to act
directly on the diseased membrane:
but they were in so large doses, that
instead of allaying, they too often only
served to aggravate the malady to a
fatal issue. Homoeopathy compassionately
comes to the rescue of disordered and
suffering nature, and with its small
but efficient doses, administers balm

the ground principle. "Similia Similibus Curantur". reaches the seat of morbid action, and establishing a similar × morbid action, neutralizes and destroys the disease, and consequently but effectually and beautifully brings about the desired result. As in Asiatic Cholera. As in Dysentery. Homoeopathy has achieved some of those signal triumphs which are rapidly commending it to the acceptance of the intelligent and refined throughout the Civilized World.

The principal remedial agents which I propose for this disease are Mercurius. Nux Vomica. Aconite. Belladonna. Bryonia. Sulphur. Arsenic. Colocynth. Opium. Nitric acid. and petroleum. Ipecacuanha and Carbo vegetabilis are also valuable remedies.

× Hahnemann's Organon

Aconite. In inflammatory dysentery. that is when it is accompanied with high fever and pains not only in the abdominal region but throughout the whole body. we are never to forget the use of Aconite.

Mercurius Vivus. The importance of this remedy in dysentery cannot be overestimated. It is highly beneficial in all stages. but especially when the discharge are mingled with blood. or when they are bilious and green. or dark green or blackish. as is occasionally the case in bilious dysentery. Also frequent discharges of mucus and blood or watery or serous bloody mucus with little or no fever. or fever with occasional chillness. Skin dry. pulse full and bounding. - these indicate the employment of this agent.

Ipecac. & Arsenicum. If there is tenderness in the epigastrium with nausea. these may be given.

Belladonna & opium. If the patient is restless with a tendency to dreams of a wild kind. either of these may be given, and will prove invaluable remedies as they both tend to excite the mind and produce the conditions contemplated.

Nitric Acid. If mercury and Belladonna have been given without the desired effect, this is one of the best remedies to succeed them, especially when the discharge is of a bloody mucous character.

Colocynth. If the pains in the bowels be very violent, especially when the cause seems to have been constipation. Colocynth is strongly indicated. Its symptoms are the same as scybala produce.

Nux Vomica. This is a valuable remedy when there is frequent and ineffectual attempts to evacuate the bowels; when the discharges are small, bloody mucous, with stinging, burning pains in the rectum and anus; when the desire to evacuate is ineffectual; or with frequent emission of pale or highly Colored urine.

Compresses wrung out of cold water and placed over the hypogastric region will assist greatly in allaying the pain.

Diet and regimen. The patient must be confined in severe cases to remain in bed. He must be comfortably covered, but not too much heated. Toast bread & tea, or small quantities of warm beef tea, gruels of oat meal, rice flour or farina may be allowed for food. All spirituous liquors are to be forbidden.